IAP15 Rec'd PCT/PTO 11 SEP 2006

PTO/SB/17 (07-06)

Approved for use through 01/31/2007. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number. Effective on 12/08/2001

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Application Number		10/517,818-Conf. #8713			
FEE TRANSMITTAL				Filing Date		December 14, 2004			
For FY 2005				First Named Inventor		Suk Hun LEE			
FOI F I ZUUD				Examiner Name J		J. C. Ingham			
Applicant claims small entity status. See 37 CFR 1.27			[	Art Unit		2814			
TOTAL AMOUNT OF PAYMENT (\$) 120.00				Attorney Docket No. 3449-041			S1		
METHOD OF PAYMENT (check all that apply)									
x Check Credit Card Money Order None Other (please identify):									
Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17									
FEE CALCULATION									
1. BASIC FILING, SEAR	`	INATION FEES	5						
		G FEES		RCH FEES	EXAMIN	NATION FEES	3		
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees	Paid (\$)	
Utility	300	150	500	250	200	100			
Design	200	100	100	50	130	65			
Plant	200	100	300	150	160	80			
Reissue	300	150	500	250	600	300			
Provisional	200	100	0	0	0	0			
2. EXCESS CLAIM FEE	s						Fee (\$)	Small Entity Fee (\$)	
Fee Description	udina Dairanas						50	25	
Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues)							200	100	
Multiple dependent clair		.g 1(0,000,00)					360	180	
1 .		ee (\$)	Fee P	aid (\$)	Multiple Depend		ent Claims		
20 -=	x				Fee (\$)		Fee Paid (\$)		
HP = highest number of total	claims paid for, if g	reater than 20.							
			Fee P	aid (\$)					
3 -=	x	=		<del> </del>					
HP = highest number of independent claims paid for, if greater than 3.									
3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer									
listings under 37 CF	R 1.52(e)), the	application size	fee due	e is \$250 (\$125 f	or small e	ntity) for each a	dditional 5	0	
sheets or fraction the						4 Ec- (\$)	Eco	Paid (\$)	
Total Sheets	Extra Sheets	Number of /50		Iditional 50 or frac			=	<u>r aiu (\$)</u>	
- 100 = /50 (round up to a whole number) x =									
			_						
Other (e.g., late filing surcharge): 1251 Extension for response within first month 120.00									
SUBMITTED BY	101	22 1		Danishadia - 41-					
Signature Jan	us 1. Elle	4,4		Registration No. (Attorney/Agent)	39,538	Telephone	(703) 205-8000		
Name (Print/Type) James	T. Eller, Jr.					Date	Septembe	r 11, 2006	
05/1									

REU